



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 2763

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/694,289	10/27/2003	422	3735	0341-0003.16
<b>RULE</b>				
<b>APPLICANTS</b> James D. Hughett, Lawrenceville, GA; Robert Michael Webster, Duluth, GA; Douglass Layland Armstrong, Atlanta, GA; Byron Lee Boylston, Woodstock, GA; Gregg T. Juett, Clearwater, FL; Richard A. Hillstead, Duluth, GA; Jack C. Griffis III, Decatur, GA; Andrew L. Lerohl, Hoschton, GA; Mark Dehdashtian, Costa Mesa, CA; Marvin A. Guiles, Stow, MA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/469,510 12/22/1999 PAT 6,659,934 <i>also 9/27/07</i> which claims benefit of 60/113,406 12/22/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/28/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <u>/SAMUEL G GILBERT/</u> Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 2
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Mark J. Murphy Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd. 200 West Adams St., Ste. 2850 Chicago, IL 60606 UNITED STATES				
<b>TITLE</b> Automated system for the radiation treatment of a desired area within the body of a patient				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	